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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation LABORERS POLITICAL LEAGUE - ED	DUCATION FUND		
(b) Address (number and street) check if difference 905 16TH ST. NW	ent than previously reported		
(c) City, State and ZIP Code			
WASHINGTON DC 20006		3. FEC Identification Number	
		C C90015710	
Occupation and Name of Employer (for Individual Filer	s Only)	C 690013710	
4. TYPE OF REPORT (check appropriate by appropriate by (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? 5. COVERING PERIOD: FROM THROUGH O3	24-Hour Report 48-Hour Report No Yes, it amends the report filed on		
6. TOTAL CONTRIBUTIONS		0.00	
7. TOTAL INDEPENDENT EXPENDITURES	<u></u>	2459.25	
Under penalty of perjury I certify that the independent expenditures roof, any candidate or authorized committee or agent of either, or any		on, or concert with, or at the request or suggestion	
TYPE OR PRINT NAME OF PERSON COMPLETING FO		DATE [lectronically Filed]	
Armand Sabitoni	Armand Sabitoni	03/25/2016	
NOTE: Submission of false agreement of in-	e information may subject the person signing this report		
NOTE. Submission of laise, efforteous of incomplete	e imornation may subject the person signing this report	to the penalties of 2 0.5.0. 945/g.	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 OF FORM 5				

NAME OF FILER (In Full) LABORERS POLITICAL LEAGUE - EDUCATION FUND Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination **K&R Branding Solutions** 03 24 2016 Mailing Address 14110 Sullyfield Cir Amount Ste D City Zip Code State 2459.25 Chantilly VA 20151-1665 Transaction ID: VPEH8A1HFX3 Purpose of Expenditure WA Office Sought: Category/ House State: 004 Printing and Shipping - T-Shirts Type Senate District: X President Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON X Support Check One: Oppose Disbursement For: Primary 2016 General Calendar Year-To-Date Per Election 4582.65 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: _ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose Support Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 2459.25 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 2459.25 (carry total from last page forward to Line 7)